MONTANA SECRETARY OF STATE

Brad Johnson

Elections Bureau (406) 444-5346 soselection@mt.gov



Montana State Capitol 2nd Floor, Room 260 P.O. Box 202801 Helena, MT 59620-2801

2005-2006 Help America Vote Act (HAVA) **Polling Place Accessibility Grant Application**

Polling place name	Count	ty
Polling place address		
Polling place city/town name	Numb	per of Active/Inactive Voters/
Have you completed an <i>Accessibi Place Certification</i> ? (If no, you m	,	
Which part of the Accessibility Ch	hecklist does this application add	ress? (example: A 9-11; D 1, H 3, etc.)
List accessibility improvements y	you intend to make and itemize co	osts:
1.0	1. 11. 1	
Amount of money requested for the A 25 percent match is required.		t this requirement:
Contact name and title		
Phone number	E-mail address	
Date submitted	Election Administrator's signat	ture
	nited to \$5,000. Please complete one a kind match. Counties may receive mu	application per polling place. Each grant ltiple grants.
received by January 15 or by the first	re information, contact the Montana Ac	oted until March 1, 2006. Applications on by the end of that month. Projects must be dvocacy Program at (406) 449-2344 or (800)
Send completed application and a Montana Advocacy Program P.O. Box 1681	copy of the Accessibility Checklist	for the polling place to:

Helena, MT 59624